

# *KENTUCKY TEACHERS' RETIREMENT SYSTEM 2009 SUMMARY OF BENEFITS*



Medicare Eligible Health Plan



## **Humana Group Medicare**

**PRIVATE-FEE-FOR-SERVICE (PFFS) PLAN**

**KTRS MEDICARE ELIGIBLE HEALTH PLAN**

**HUMANA<sup>®</sup>**  
*Guidance when you need it most*

	Service	2009 Original Medicare Plan Coverage After \$1,068 Part A Annual Deductible and \$135 Part B Annual Deductible: *	2009 HUMANA GROUP MEDICARE PFFS Plan Coverage After \$150 Annual Deductible:
<b>Physician Services</b>	• Office visits in conjunction with an illness or injury	<b>80%</b>	<b>96%</b>
	• Allergy injections and serum		
	• Diagnostic tests and X-rays		
	• Medicare-approved lab services	<b>100%</b> ( <i>deductible does not apply</i> )	<b>100%</b> ( <i>deductible does not apply</i> )
	• Preventive care	<b>0%</b> of routine physicals except <b>80%</b> one-time "Welcome to Medicare" physical exam	<b>100%</b> when no other services are provided during the visit. <b>96%</b> if other services are provided during the visit. ( <i>based on where the services are received</i> )
	– Well-woman care ( <i>includes Pap smear and mammogram</i> )	<b>80%</b>	
	– Immunizations	<b>100%</b> coverage for pneumonia and flu vaccines ( <i>deductible does not apply</i> )	<b>100%</b> coverage for pneumonia and flu vaccines ( <i>deductible does not apply</i> )
<b>Hospital Services</b>	• Inpatient hospital care ( <i>semiprivate room, ancillary services</i> ) (1)	<b>100%</b> after initial <b>\$1,068</b> deductible for days 1-60 <b>100%</b> after <b>\$267</b> per day for days 61-90 <b>100%</b> after <b>\$534</b> (per day) per lifetime reserve day for days 91-150, lifetime reserve days can only be used one time. (2)	<b>100%</b> after <b>\$250</b> copayment per admission applied once during any 60 day period. ( <i>no day limit</i> ) ( <i>deductible does not apply</i> )
	• Physician Visits	<b>80%</b>	<b>96%</b>
	• Outpatient hospital care ( <i>nonsurgical – excluding lab services</i> )	<b>80%</b>	<b>96%</b>
	• Outpatient hospital care ( <i>surgical</i> ) • Ambulatory surgical center care	<b>80%</b>	<b>100%</b> after <b>\$125</b> copayment applied once during a 60 day period.

\*See the 2009 Medicare and You Handbook.

Benefits apply to Medicare-covered services only. Please see your Evidence of Coverage for a complete list of covered benefits. You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please see the important phone numbers on the back of this Summary.

**You are only eligible for the Private-Fee-for-Service (PFFS) plan if you have both Medicare Part A and Part B. If you are not eligible for the PFFS plan, please see your Summary Plan Description for benefit information.**

	Service	2009 Original Medicare Plan Coverage After \$1,068 Part A Annual Deductible and \$135 Part B Annual Deductible: *	2009 HUMANA GROUP MEDICARE PFFS Plan Coverage After \$150 Annual Deductible:
<b>Hospital Services</b> (cont.)	• Emergency care (emergency room, emergency services)	<b>80%</b> (your coinsurance is waived if admitted within 1-3 days)	<b>96%</b> ( <b>\$50</b> maximum member copayment) (not waived if admitted)
<b>Other Medical Services</b>	• Physical therapy, respiratory, occupational or speech therapy	<b>80%</b>	<b>96%</b>
	• Durable medical equipment	<b>80%</b>	<b>96%</b>
	• Oxygen	<b>80%</b>	<b>96%</b>
	• Skilled nursing facility (limited to 100 days per benefit period)	<b>100%</b> for days 1-20 <b>\$133.50</b> per day for days 21-100 (3-day hospital stay required) (2)	<b>100%</b> for days 1-20, <b>100%</b> after <b>\$26</b> copayment per day (days 21-100) (no three day hospital stay required) (deductible does not apply)
	• Ambulance	<b>80%</b>	<b>96%</b>
	• Immediate care facility	<b>80%</b>	<b>96%</b>
	• Foreign travel – Emergency care	This benefit is not offered. Some exceptions may apply.	<b>96%</b> after applicable deductible/ copayments
	• Foreign travel – Non-emergency care	This benefit is not offered. Some exceptions may apply.	<b>80%</b> (up to <b>\$5,000</b> limit)

\*See the 2009 Medicare and You Handbook.

Benefits apply to Medicare-covered services only. Please see your Evidence of Coverage for a complete list of covered benefits. You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please see the important phone numbers on the back of this Summary.

**You are only eligible for the Private-Fee-for-Service (PFFS) plan if you have both Medicare Part A and Part B. If you are not eligible for the PFFS plan, please see your Summary Plan Description for benefit information.**

	Service	2009 Original Medicare Plan Coverage After \$1,068 Part A Annual Deductible and \$135 Part B Annual Deductible: *	2009 HUMANA GROUP MEDICARE PFFS Plan Coverage After \$150 Annual Deductible:
<b>Mental and Nervous Disorder and Alcohol and Drug Abuse Services</b>	• Inpatient hospital care ( <i>semiprivate room, ancillary services, physician visits</i> ) (190 day lifetime maximum in a psychiatric hospital) (1)	<b>100%</b> after initial <b>\$1,068</b> deductible for days 1-60 <b>100%</b> after <b>\$267</b> per day for days 61-90 <b>100%</b> after <b>\$534</b> per lifetime reserve day for days 91-150, lifetime reserve days can only be used one time. (2)	<b>100%</b> after <b>\$250</b> copayment per admission applied once during any 60 day period. ( <i>deductible does not apply</i> )
	• Physician Visits	<b>80%</b>	<b>90%</b>
	• Outpatient care	<b>50%</b>	<b>90%</b>
	• Partial hospitalization	<b>50%</b>	<b>90%</b>
<b>Out-of-Pocket Maximum</b>		This benefit is not offered.	<b>\$1,200</b> per calendar year. If you reach this maximum, no further out-of-pocket will be required of you for covered expenses during the year. Expenses for outpatient prescription drugs, outpatient surgery copays, and non-emergency care while in a foreign country do not apply toward this maximum.

(1) Inpatient hospital admissions do not require pre-certification. However, notification of hospital admissions is requested. This is one way we can let your doctor know about Humana programs that may be of assistance to you during this time.

(2) Expenses stated are per benefit period, which begins the day you go to a hospital and ends when you have not received hospital or nursing care for 60 days in a row. You must pay the inpatient copayment for each period. There is no limit to the number of benefit periods you can have.

\*See the 2009 Medicare and You Handbook.

Benefits apply to Medicare-covered services only. Please see your Evidence of Coverage for a complete list of covered benefits. You may also choose to contact Humana to confirm that planned inpatient services are Medicare-covered services and therefore covered by your plan. Please see the important phone numbers on the back of this Summary.

**You are only eligible for the Private-Fee-for-Service (PFFS) plan if you have both Medicare Part A and Part B. If you are not eligible for the PFFS plan, please see your Summary Plan Description for benefit information.**

# NOTES

# NOTES

# NOTES

This **Summary of Benefits** tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. A complete list of benefits is available in the **"Evidence of Coverage."**

Physicians, specialists and other providers that accept Medicare and Humana's terms and conditions are not the agents, employees or partners of Humana or any of its affiliates or subsidiaries. They are independent contractors. Humana is not a provider of medical services. Humana does not endorse or control the clinical judgement or treatment recommendations made by the physicians or other providers you may access.

#### **Where Is Humana Group Medicare Private-Fee-for-Service (PFFS) Available?**

Since your former employer does business in one of the states where Humana is approved to offer Humana Group Medicare Private-Fee-for-Service (PFFS), you are eligible to enroll, regardless of your state of residence. Even if you move from one state to another, you are still eligible for this plan.

#### **HUMANA GROUP MEDICARE CUSTOMER SERVICE**

##### **Hours of service:**

8 a.m. - 8 p.m. Local Time

7-days-a-week

**1-866-396-8810; TTY: 1-800-833-3301**

Also for your convenience, the official source of U.S. Government Medicare information is:

MEDICARE

Medicare.gov

Hours of service:

24-hours-a-day, 7-days-a-week

1-800-633-4227 (1-800-MEDICARE); TTY: 1-877-486-2048

**HUMANA<sup>®</sup>**  
*Guidance* when you need it most

Offered by Humana Health Benefit Plan of Louisiana, Inc., Humana Insurance of Puerto Rico, Inc., Humana Insurance Company of New York, and Humana Insurance Company.

Medicare approved HMO, PPO, PDP and PFFS plans available to anyone entitled to Part A or enrolled in Part B of Medicare through age or disability (for MA plans, individuals must have both Part A and Part B). A Medicare Advantage Private-Fee-for-Service plan works differently than a Medicare supplement plan. Your doctor or hospital must agree to accept the plan's terms and conditions prior to providing healthcare services to you, with the exception of emergencies. If your doctor or hospital does not agree to accept our payment terms and conditions, they may not provide healthcare services to you, except in emergencies.

Providers can find the plan's terms and conditions on our website at:  
[http://apps.humana.com/MedPlans\\_Provider/PFFSTermsAndConditions.pdf](http://apps.humana.com/MedPlans_Provider/PFFSTermsAndConditions.pdf)